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Stories this week:

MN021001. DoD's First Orofacial Pain Center Opens At Bethesda
MN021002. Dr. Chu Visits Great Lakes to Explore VA, Navy Hospital
Collaboration
MN021003. Navy Medicine Personnel Freed From Stop-Loss
MN021004. Anthrax Vaccine Announcement Expected Within the Month
MN021005. Technology Makes It Easier For Rogues To Get Anthrax
MN021006. Blue Nosed In Iceland And Happy About It
MN021007. National Media "Impressed" With Fleet Hospital 20
MN021008. Dentist Donates Constitution Model to Training Center
MN021009. Weldon to Retire Next Month; DiRosa to Take Over
MN021010. Trauma Symposium Held at Naval Medical Center San Diego
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MN021001. DoD's First Orofacial Pain Center Opens At Bethesda
By JO2 Ellen Maurer, National Naval Medical Center Bethesda
BETHESDA, Md. - The Naval Postgraduate Dental School's Orofacial Pain
Center officially opened its doors recently at National Naval Dental Center
Bethesda, making it the first center specializing in mouth and face pain in
the Department of Defense.

In the past 10 years, the science of pain has been revolutionized,"
said Orofacial Pain Center Chair CAPT Peter Bertrand, DC. "Pain management
has become an integral part of daily healthcare practice; even the Joint
Commission on Accreditation of Healthcare Organizations (JCAHO) now refers
to documented pain assessment as 'the fifth vital sign.'"

The new center will be staffed with specialized pain practitioners who
are dentists trained to use clinical skills in dentistry, psychology,
neurology, anesthesiology, rheumatology, physical therapy, otolaryngology,
and rehabilitation medicine.

"The orofacial pain (center) bridges the gap between traditional dental
and medical practices, allowing pain practitioners to explore, for the first
time, the possibility that orofacial pain may be caused by something other
than a dental issue," said Bertrand.

Previously, most facial pain cases were categorized as
temporomandibular disorder (TMD), a condition affecting the "chewing"
muscles as well as the surrounding mouth tissue. At one time, it was
commonly thought that the source of facial pain had to be, of course, within
the face. Consequently, all dental pain was handled by treating the teeth
or jaw.

Now, a growing body of evidence in neuroscience, muscle physiology and
cardiovascular literature is prompting those in the medical field to
redefine chronic disorders, such as TMD. According to Bertrand, new
concepts are expanding the way doctors view orofacial pain, a condition that
is now accepted as not a dental dilemma, but as a neurological problem.

Recently published clinical updates from National Naval Dental Center Bethesda support these new orofacial pain theories. The update reports that more than 81 percent of patients who report TMD symptoms have additional non-facial pain sources and diagnoses. It also reported patients had other symptoms, such as rapid breathing, lowered blood pressure, problems sleeping, and greater fatigue.

The main purpose of the center is to come up with a pain management plan for patients, which doesn't always resolve all pain problems but can improve quality of life.

Appointments at the Orofacial Pain Center are by referral only from a primary care manager.

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MN021002. Dr. Chu Visits Great Lakes to Explore VA, Naval Hospital Collaboration

By JOC Rhonda Burke, Naval Training Center Great Lakes, Ill.

GREAT LAKES, Ill. - Dr. David S. C. Chu, undersecretary of defense for personnel and readiness, visited Naval Training Center Great Lakes recently to gather information to increase future collaboration between Naval Hospital Great Lakes and the North Chicago Veterans Administration Medical Center.

Chu toured the Naval Training Center, and then visited Naval Hospital Great Lakes and the North Chicago VA to investigate the further sharing of facilities and staff between the two entities.

"This is simply smart business," he said. "We have other locations around the nation where the military and the VA work together to provide services. It makes sense to do so, when it can be done."

While the hospital and North Chicago VA are currently operating under an agreement to share some staff and facilities, Chu is gathering data for a long-range plan for the construction of a new naval hospital.

"The Navy facility here is slated for replacement while the VA facilities have recently been rehabbed, so it makes sense to see if there can be further collaboration between the facilities when designing a new naval hospital," he said.

President Bush has urged the federal government to seek additional means to share facilities and resources when possible in an effort to improve the efficiency of the federal government.

As undersecretary for personnel and readiness, Dr. Chu is the senior advisor on recruitment, career development, pay and benefits for the 1.4 million active-duty force, 1.3 million guard and Reserve personnel and 680,000 Department of Defense civilian workers.

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MN021003. Navy Medicine Personnel Freed From Stop-Loss

WASHINGTON, DC - Fewer Sailors are now affected by stop-loss following a review of the Navy's skill mix of those required to forgo separation from the service to support the war on terrorism. Important to Navy Medicine personnel is that now none are expected to be subjected to stop-loss.

Data collected since stop-loss was enacted shows the original skill mix was not needed to meet current needs. Current and projected operational requirements and the manning of deployable units propelled the decision to remove several special warfare designators and medical field specialties from the list.

Stop-loss was imposed Oct. 10, 2001 and originally affected 9,352 personnel. This revision reduces the number of affected Sailors to 4,036: 2,878 enlisted Sailors, and 1,158 officers. It represents a 57 percent reduction to the number of Sailors affected by stop-loss.

"Each community with affected personnel was represented during the review process," said VADM Norb Ryan Jr., chief of naval personnel. "We took input from the Fleet to balance their needs with each community's manning status. The measured and judicious process to determine the mix ensures Fleet Commanders have enough talented Sailors to respond to their tasking."

For more details on the stop-loss changes see NAVOP 003/02.

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MN021004. Anthrax Vaccine Announcement Expected Within the Month
From American Forces Press Service

WASHINGTON, DC - Defense officials expect to announce within a month what shape the new Anthrax Vaccine Immunization Program will take.

In 1998, the department began an aggressive program to vaccinate all service members against the disease - a potential biological warfare agent. The vaccination program came under public criticism because of some service members' fears about the vaccine's safety.

Critics became more vocal when DoD officials scaled back the program several times due to vaccine shortages. Bioport, the sole manufacturer of the vaccine, worked with the FDA for over three years to gain approval of its renovated facilities as supplies of FDA-released anthrax vaccine dwindled.

Bioport received final FDA approval in January to resume production and distribute more vaccine. Defense Department officials are now looking at how or even whether to continue the previous program of full vaccination of all service members.

"We've undergone a very thorough process over the last several weeks looking at options and have discussed those with people both on the military medical side as well as the non-medical side (and) civilian leadership, and we will soon be making some announcements," said Dr. William Winkenwerder, the assistant secretary of defense for health affairs. He said he understands the concerns service members have and wants to allay any fears among the troops and the American public.

DoD is working with the Centers for Disease Control and Prevention in Atlanta on clinical studies into how the vaccine is administered. Currently, the FDA-approved regimen is six shots over 18 months.

DoD officials would like to find out if that could be reduced to five or even four shots over a shorter period of time, said Army Col. Randy Randolph, director of the Anthrax Vaccine Immunization Program Agency. Randolph said the CDC is ready to begin enrolling volunteers for clinical studies designed to determine if the number of doses can be reduced while maintaining the same level of immunity. Any change will require FDA approval.

The study will also look at the method of administering the vaccine to see if it's possible to reduce the injection site reactions currently reported. The most common side effect associated with the anthrax vaccine is a localized, minor reaction at the site of injection. Randolph said roughly 30 percent of men and 60 percent of women report minor reactions less than an inch in size.

More serious reactions are rare, he said. Less than one percent of men and women receiving the vaccine report a local reaction of larger than five inches.

Today the only FDA-approved method of injecting the vaccine is to do so subcutaneously, meaning it is injected just below the skin. A pilot study indicated injecting the vaccine into muscle tissue, called intramuscularly, might reduce such reactions tenfold, Randolph said.

Local reactions are not dangerous, but Randolph said they are still

worth trying to reduce. "No one likes swelling, and no one likes pain and redness," he said.

Winkenwerder said DoD began vaccinating troops "in response to a perceived threat of anthrax being used as a biological terror agent." Anthrax-laced mail delivered to various government and media offices in October 2001 show those concerns to have been well-founded.

Whatever form the military vaccination program takes now, Winkenwerder said he is confident this vaccine works and is safe.

"Our primary concern is the safety and the health of ... the service men and women and their families," he said. "On the basis of the FDA's review and the basis of very extensive work we've done and others outside of DoD have done to look at the safety and effectiveness (of the anthrax vaccine), we believe - and I personally believe - that this is a safe and effective vaccine."

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MN021005. Technology Makes It Easier For Rogues To Get Anthrax
By Sgt. 1st Class Kathleen T. Rhem, USA, American Forces Press Service

WASHINGTON, DC - At least a dozen countries have or are actively seeking anthrax for use as a biological weapon, a top DoD proliferation expert said recently.

Anthrax lends itself to being an ideal agent for weapons, said Lisa Bronson, deputy undersecretary of defense for technology security policy and proliferation. She spoke on the subject to a small group of reporters in the Pentagon late last month.

Anthrax has long been considered a threat as a biological weapon because it is stable and hearty. It can remain potent and dangerous for indefinite amounts of time if it is dried and prepared properly. And now, defense officials are learning more about who has it and who wants it, including the Al Qaeda terrorist network.

Documents found in Afghanistan since coalition forces drove Al Qaeda operatives out indicate the terrorists were trying to develop biological weapons, including anthrax, Bronson said.

CIA Director George Tenet said "Russian entities" continue to provide material and expertise to countries and groups seeking biological weapons. "Russia appears to be the first choice of proliferate states seeking the most advanced technology and training," Tenet said Feb. 6 in testimony before the Senate Select Committee on Intelligence.

But Russia isn't the only source for biological weapons materials. "I don't think you can lay it all on the doorstep of the former Soviet republics," Bronson said. "Countries like Iraq, Iran, North Korea, Libya (and) Syria have consciously over the last seven to 10 years gone ahead and been developing" biological weapons. Using anthrax as a weapon takes a lot more than just having the germs, Bronson explained. "It's about developing the infrastructure to go ahead and be able to grow the material rapidly, to be able to suitably dry it, and then to be able to disseminate it," she said.

Most pieces of equipment used to manufacture biological weapons have common, legitimate uses, which makes it harder to track which countries are capable of making and using germ warfare.

For instance, equipment needed to dry anthrax spores is generally also used to make powdered milk, Bronson said. Equipment commonly used in the drug and cosmetics industries is all that's needed to mill dried anthrax to the right size for effective use in weapons - one to 10 microns.

Tenet said the dual-use nature of this equipment complicates his agency's assessments of other countries' offensive capabilities. "Many (chemical and biological warfare) production capabilities are hidden in

plants that are virtually indistinguishable from genuine commercial facilities," he testified.

Because the equipment is common and commercially available, it's hard for the United States and other Western nations to stop other countries from selling it or to track who's got it.

"Increasingly, our nonproliferation efforts have not resulted in preventing them from getting the capability," Bronson said.

America's challenge now is to develop strategies based on the assumption that countries that are not American allies have biological weapons, including anthrax, she said. "They have it, and we can't turn a blind eye to the fact that they have it," she added.

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MN021006. Blue Nosed In Iceland And Happy About It

By HMCM(SW) Daniel W. Carney, U.S Naval Hospital Keflavik

KEFLAVIK, Iceland - It's one of the Navy's oldest traditions - you choose the time and place for your re-enlistment, as long as it's appropriate to the solemnity of the occasion.

For three creative Sailors stationed at U.S. Naval Hospital Keflavik, their choice was to be re-enlisted above the Arctic Circle so they could join the coveted ranks of other Blue Nose Sailors.

HM1(FMF) John Owens, HM2(FMF) Joseph Brown, and HM3 Jill Kennedy re-enlisted just north of the Arctic Circle on an in-flight P-3 Orion aircraft stationed in Iceland. The Arctic Circle crossing allowed them the distinction of becoming an official member of the Royal Order of the Blue Noses.

While the origin of the Order is unknown, some say it may date back to European sailors of the Middle Ages.

Fifteen other hospital staff were also present, and joined the Royal Order as well.

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MN021007. National Media "Impressed" With Fleet Hospital 20

By JOC Bill Austin, Fleet Hospital 20

GUANTANAMO BAY, Cuba - As the sun begins to peek over the ocean, another shift stirs, making their way to morning chow. Afterward, they are off to relieve the night shift who has watched over the wounded and healing detainees that lay inside the massive tents that make up Fleet Hospital 20.

For the past three weeks, the field hospital and its Navy Medicine staff has been in the forefront of the news worldwide. By the busload, national and international media have come to see the men and women who make up Fleet Hospital 20, as they perform their often-arduous duties. The presence of the press however, has not distracted the group from providing top-notch care.

"Having the media come out here lends more significance to our mission," said HMC Dwayne Towry. Knowing fellow Americans appreciate their efforts makes them proud to be part of all this, he added.

Top military officials as well as several members of Congress have made the trip here to see first hand the medical care and humane treatment detainees are receiving. Perhaps the best measure of the caliber of the hospital's Sailors is the testimony provided by the people whose lifetime work is to be objective - the media.

"It is really remarkable just how friendly everyone has been," said CNN's Bob Franken, who has filed several news reports from the Fleet Hospital. "The fact of the matter is, we are a distraction and these men and women are doing some intense work here that requires a lot of concentration. The reception has been very hospitable. Everyone here has

gone out of his or her way to be really helpful. It has made covering this story a lot easier."

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MN021008. Dentist Donates Constitution Model to Training Center

By JO2 Jessica Pearce, Naval Training Center Great Lakes, Ill.

GREAT LAKES, Ill. - Navy recruits may get their first glimpse of the historic USS Constitution at Naval Training Center Great Lakes, thanks to the skills and generosity of a retired Navy dentist.

Retired CAPT Donald W. Turner, DC, uses the hand dexterity he once used to repair Sailors' and Marines' teeth to make true-to-life ship models. In addition to Constitution, he has built models of HMS Bounty and HMS Flying Cloud.

The replica is 40 inches long and 26 inches high. Turner estimates it contains more than 700 pieces. It took him a year to complete.

Turner said that he wanted to give the model to NTC Great Lakes, where today's modern Sailors acquire the knowledge and skills required to "make the Navy go," as a token of appreciation and admiration" to the command. It is also his thank you to the Sailors "for the roles you play in defending out liberty and keeping us safe."

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MN021009. Weldon to Retire Next Month; DiRosa Takes Over

WASHINGTON, DC - HMCM Mark R. Weldon, Navy Medicine's Force Master Chief and senior enlisted advisor, will retire next month in Little Creek, Va.

The ceremony will be held Friday, April 12 at 10 a.m. aboard USS Portland (LSD-37) at the Naval Amphibious Base.

Taking over for Weldon is CMDCM Jacqueline L. K. DiRosa, who is currently serving in Japan. She will be the tenth Force Master Chief of the Bureau of Medicine and Surgery.

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MN021010. Trauma Symposium Held at Naval Medical Center San Diego

SAN DIEGO - Naval Medical Center San Diego will hold its Fifth annual Navy Trauma Symposium, "Trauma and Terrorism: A New Kind of War," March 21-22.

The event will be held in the Naval Medical Center Auditorium from 7:30 a.m. to 4 p.m. both days.

More than 240 military and civilian healthcare trauma and emergency healthcare providers are expected to attend. Topics include trauma systems, homeland security, blast and mine injuries, field surgical care, and basic trauma training.

For more information, including registration information, visit the Trauma Symposium websites, scoop.hjf.org/apps/internet/events.nsf or www.nmcsd.med.navy.mil/newsletters/trauma/default.htm

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